



Medical School Hotline

Teaching Cultural Competency

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Currently, "minorities" represent greater than one third of the total population in the United States.¹ Significant health disparities exist for many of these minority populations.² To meet effectively their healthcare needs, medical practitioners need to be culturally competent.

Cultural competence has been defined as "a set of academic and interpersonal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups."³ Without such competence, breakdown in communication can occur, with adverse effects on the patients' health. For example, compliance can be compromised if the physician's recommendation is in contrast to what the patient believes, or has been taught to believe. The physician-patient communication is a crucial component of cultural competency training.

Training in this area is gaining popularity and representation in medical curricula. The Association of American Medical Colleges (AAMC) has adopted terminology recommending that cultural, or multicultural issues, be included in the medical school curricula. In addition, the American College of General Medical Education (ACGME) has recommended cultural competency as a training priority for primary care residencies. Programs concentrate on teaching skills and knowledge, while trying to influence attitudes, regarding the cultural assessment of the patient.

Training toward cultural competency begin with teaching skills in effective communication that allows the physician to elicit and acknowledge an understanding of the patient's "clinical reality" that includes cultural beliefs or experiences. The inability to address this "clinical reality" creates barriers to understanding the patient's perspective. Physicians need to be aware of the patient's perspective as well as their own prejudices and beliefs. Both factors affect the physician interaction with the patient. Effective, compassionate health care dictates that the two parties understand and communicate with each other.

Opportunities exist to implement cultural competency in Hawaii's unique, multicultural environment. The University of Hawaii, John A. Burns School of Medicine (JABSOM) is in an ideal position to fulfill its mission "to be the best medical school...with an Asian-Pacific focus" by creating culturally competent medical curricula that address the multicultural demographics of Hawaii.

Cultural Competency training is currently underway at the JABSOM that focus on Native Hawaiians. Native Hawaiians are indigenous people of the islands who make up twenty percent of the population. It is important to target Native Hawaiians because of the significant health disparity that exists between Native Hawaiians

and other ethnic populations of Hawaii. For example, Native Hawaiians have the highest morbidity and/or mortality with respect to cardiovascular disease, diabetes and breast cancer.⁵ Reasons for this disparity are many such as barriers to access that include physical barriers such as community location or transportation as well as cultural ones. Training physicians that can respond to hidden cultural and value-laden beliefs that may be obstacles to achieve health should be a goal of any curriculum. By making Hawaii's physicians more culturally sensitive to behavior and attitude, Native Hawaiians may renew their interest and trust in the medical community. Hopefully, this will lead to lower morbidity, mortality and cost of care to this population.

The Native Hawaiian who may not feel a connection to the physician and the health care system may discontinue or even initiate allopathic care. Kleinman⁴, a medical anthropologist, has discussed the disparities between popular (public, alternative, complementary) medicine and the medical community. He proposes that the lay public seeks other, more easily accessible realms of healthcare because it's what they know, and it, in a sense knows them, albeit having a congruity of two clinical realities. Understanding the alternative and/or traditional healing systems that a patient seeks is essential in providing health care. Physicians need to be aware of the roles these alternative treatments play on their patients' health and on western medicine based treatments. Medical student's knowledge about traditional and/or alternative healing systems should be included in any cultural competency curriculum.

The Native Hawaiian Center of Excellence (NHCOE) at JABSOM is addressing cultural competency training in two ways. First, informing medical school faculty and community physicians about the disparate health of Native Hawaiians through a series of workshops. Second sponsoring a Native Hawaiian cultural immersion based CME program. The first workshop was conducted on the island of Kaho'olawe, a culturally significant place to Native Hawaiians. The curriculum focused on activities that would help physicians to increase their knowledge of their own culture and to recognize how their cultural constructs affect the physician-patient relationship.

Activities included lectures and hikes to archeological and culturally significant sites, instruction in cultural protocols, sessions for family and spiritual sharing, prayer, chanting, music, hula, ecological restoration work. The formal CME program introduced the physicians to Native Hawaiian healing practices including *Lomilomi* (massage), *La'au Lapa'au* (herbal medicine), *Ho'oponopono* (traditional conflict resolution) and traditional diet. Lectures addressed cultural competency from a global perspective and affects of culture on the physician-patient relationship. There was time for discussion and sharing of ideas. Native Hawaiian physicians were targeted initially but the NHCOE plans to include other physicians and medical students.

An alternative approach is JABSOM's post-baccalaureate program, Imi Ho'ola, that provides a year of enrichment prior to medical school matriculation for minorities from disadvantaged backgrounds. The student demographics range from Native Hawaiian, Filipino, Pacific Islanders and other ethnic groups. There is evidence that medical students from minority backgrounds fare better in bringing cultural competency skills.⁶ A needs assessment of students and faculty at Imi Ho'ola illustrated that there was

significant interest in learning and teaching cultural competency skills to further effective patient-doctor communication; and, in turn, improve patient outcome.

The curriculum is designed to improve the student's appreciation for the cultural impact on patient's view of illness and healthcare with the use of paper cases and a standardized patient experience. The Native Hawaiian culture is used as an example to address general issues of cultural competency. It is anticipated that students would have cultivated attitudes, knowledge base and skills in the doctor-patient interaction, regardless of what culture they would face in practice.

In conclusion, cultural competency training in medical education is recognized as essential. This competency is a development that occurs over a continuum. JABSOM is uniquely situated in a multicultural setting that provides the medical school the opportunity and motivation to be a leader in innovative cultural competency curricula. Several examples illustrate how this can be addressed in the Native Hawaiian population. Whether these strategies will prove to be successful in the long run, and be useful for other ethnic groups remains to be seen. It is conceivable that, with such a diverse population that exists in these islands, equally diverse approaches to cultural competency training may be needed. Continued evaluation and improvement of the curriculum will result in students who will be able to use general principles for patients of other cultures and modify the approach for specific encounters. Cultural competence would then be assured regardless of the patient's diversity.

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